

**DIVISION OF HEALTH
MARLBORO TOWNSHIP**

NO. _____

NEW JERSEY

**APPLICATION FOR LICENSE
RETAIL FOOD HANDLING ESTABLISHMENT CODE**

**RETURN TO: MARLBORO TOWNSHIP MERCANTILE LICENSING DEPARTMENT
1979 TOWNSHIP DRIVE, MARLBORO, NJ 07746-2299;
ALONG WITH YOUR CHECK OR MONEY ORDER FOR \$25.00 PAYABLE TO MARLBORO TOWNSHIP.**

DATE FILED _____

I, or we, the undersigned, do hereby make application for a license to conduct a retail food handling establishment in the Township of Marlboro.

NAME OF ESTABLISHMENT: _____

BUSINESS ADDRESS: _____

In making this application, I, or we, agree to comply with all the Ordinances of the Township of Marlboro and the Laws of the State of New Jersey covering such establishments. It is further agreed that I, or we, will surrender this license, if granted, to the Division of Health on demand. All food handlers are required to have a medical certificate.

DATE: _____

APPLICANTS NAME (PLEASE PRINT): _____

APPLICANT'S SIGNATURE: _____

INSPECTION DATE: _____

PLEASE LIST NAMES AND ADDRESSES OF ALL EMPLOYEES:

(Continue on other side of this form if you need more room.)

<u>NAME</u>	<u>ADDRESS</u>
-------------	----------------

SANITARY INSPECTOR: _____

SIGNATURE

OFFICE USE ONLY:

RECOMMENDATIONS: _____